



BOARD FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS

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www.dca.ca.gov/pels

**DECLARATION AND REQUEST FOR REPLACEMENT LICENSE****SUBMIT WITH \$10 FEE PER REQUEST**

Request is hereby made for:

- ☐ Replacement of Wall Certificate
☐ Replacement of EIT/LSIT Certificate
☐ Replacement of Pocket ID Card

For Office Use Only

Date Received: _____

Audit # Issued: _____

FEE: _____

Approved by: _____

REASON FOR REQUEST:

- ☐ Lost ☐ Stolen
☐ Original Not Received ☐ Clerical Error* (Return original)
☐ Name Change* (Return original) ☐ Destroyed

Daytime Telephone Number: _____

e-mail Address _____

NAME: First Middle Last

ADDRESS: Street City State ZIP Code Country

DATE OF BIRTH **SOCIAL SECURITY NUMBER** **LICENSE ISSUE DATE**

LICENSE CLASSIFICATION **LICENSE/CERTIFICATE NUMBER**

* Under these two circumstances, original certificates must be returned before replacements will be issued.

I hereby certify under penalty of perjury under the laws of the State of California that the statements and information set forth above are correct, that I will immediately return the license, certificate, or registration to the Board should said license, certificate, or registration be found, or report its whereabouts should that information become known.

SIGNATURE_____
DATE SIGNED